Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report

Report Period 1-1-07 to 3-31-07
PIHP Community Mental Health for Central Michigan
Program Tile Family Psychoeducation
Executive Director Linda Kaufmann
Address 301 S. Crapo St. Mt. Pleasant MI 48858
Contact Person Kim Boulier or Linda Kaufmann
Phone 989-772-5938
PCA# 20702 Contract # ~~20061238~~ 20071304 Federal ID 38-3599944

2. Systems transformation efforts and implementation activities of the Improving Practices Leadership Team over the last quarter have continued. The team continued to meet monthly and discussed Evidence-Based programs being practiced in CMHCM. Regular agenda items consist of reporting on the grant funded EBP's, as well as other ones already implemented throughout the agency. The 'Compass' was re-administered to therapists in the agency to measure progress on increased knowledge base and philosophy changes related to Co-Occurring disorders. The IPLT will be reviewing the results. A workgroup of the IPLT is working with the Human Resources Department to develop a clinical competency-training grid for all clinical positions in the agency.

3. The Systems Change process activities during the 2nd quarter of year two regarding Family Psychoeducation continued to improve. CMHCM has Multi-family group activity in 5 of 6 counties. Now that 34 staff people are trained throughout the board counties, FPE is becoming more familiar to other staff people, consumers and families, as well as in the community. The phases and components of the model are also becoming more understood by others. FPE is a regular topic at staff meetings, IPLT, at service committee and board meetings, as well as Performance Improvement Committee.

4. Consensus building and collaborative service efforts with other systems and agencies continued during the 2nd quarter. SAMHSA tool kit information to program leaders, clinical staff and community partners continues to be disseminated regularly. The partnership between FPE and support groups continues to build as they share membership. Continued education has occurred at board meetings and at meetings within the counties' community agencies.

5. Family Psychoeducation outcomes achieved the 2nd quarter included those for further implementation throughout the six counties. Clare County held their Multi-family Workshop and began groups in January. So, Multi-family groups are actively running in 5 counties with plans in the 6th and final county to hold their workshop and start a group this spring. Discussion continued with the Arc of Isabella and Midland around holding focus groups. A meeting will be held after the May 22nd meeting with Mary Roffolo from U of M regarding focus groups to ensure there will be no duplication. Awareness and Consensus building continue to occur as outlined in the previous section.

6. Data collection, fidelity and process monitoring activities have continued throughout the 2nd quarter. The accuracy of coding activities improved over this quarter. Staff are doing better at knowing which code to use for which service making the data more accurate. Data collection was more efficient this quarter. All data was sorted and collected electronically with no manual efforts needed.

   Fidelity efforts included continued exchange of information with the U of M study. Issues surrounding fidelity to the model continued to be discussed at CMHCM learning collaborative meetings, with the supervisor and via e-mail with FPE staff.

7. CMHCM is proud to report that FPE activity occurred in all 6 counties with actual services to consumers occurring in 5 of 6. A total of 137 services were recorded with 37 unduplicated consumers/families. There were 26 joining sessions (24-T1015 and 2-90849), 11 services at Workshops (S5110) and 155 consumers and/or family members services for Multi-family group sessions (G0177) during the 2nd quarter of 06/07.

8. There have not been any administrative barriers from the state this quarter. Basically, the previous barrier consisted of not holding all the trainings last year, and with the training in January 07 this was rectified. The state FPE sub-committee has been discussing Masters vs. Bachelors level staff and coding issues. It will be helpful when these issues are clarified.

9. The internal barriers previously consisted of needing more staff trained, which as stated in #8 has been rectified. Time itself is a barrier and we are looking forward to having supervisory staff completing one year of holding groups in order to meet the criteria and attend train-the-trainer. We will be sending staff to that training slated for September 2007. We have a very dedicated national supervisor, Tom Jewell who is available by phone, e-mail and conference call when we need him for clinical assistance. Tom frequently joins us via conference call for part of the CMHCM learning collaborative held every other month. At

this time we are not in need of any technical assistance and use the state FPE sub-committee and Listserv when needed.

10. CMHCM sent 10 staff to the January FPE training. This enabled Gladwin County to have enough trained staff to begin joining and look toward the workshop and a multi-family group. Other training included CMHCM learning collaborative for FPE staff from all counties to network, as well as discuss related issues and agency processes, to improve FPE services in our counties.

11. CMHCM financial support and resource allocation to the Family Psychoeducation project continued to be excellent the 2nd quarter. Clinical and clerical support was provided when needed. The FPE coordinator continues to be relieved of some duties to be able to fulfill the duties of coordinating the six county implementation for CMHCM. Additional funding beyond the grant for supplies, training, and travel have been provided whenever needed.

    The contract addendum was submitted to MDCH in January and approved. Thus, allowing carry over funds from fiscal year 05/07 to be used this year.

12. Activities planned to address the FPE project's goals and objectives for the next quarter include working on the contracts for facilitation of focus groups and consumer and family surveys. Awareness and consensus building activities will continue including dissemination of SAMHSA tool kit information. Data and materials will be sent to U of M for fidelity measurement and evaluation. A process to obtain continuous feedback will be pursued. CMHCM learning collaborative meetings will continue to be held.

    Plans for adding a second group in at least one county is underway. Other county groups will be adding new group members to existing groups as needed. Still others will be engaging in more single-family FPE activities.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Second Quarter Report
FY 2006 – 2007

Report Period:	January 1, 2007 – March 31, 2007
PIHP:	Detroit-Wayne County Community Mental Health Agency
Program Title:	Family Psychoeducation Project
Executive Dir.:	
Address:	640 Temple, Detroit, MI 48201
Contact:	Michelle Reid, M.D.
Phone:	313/833-2410 Fax: 313/833-2156 E-mail: mreid@co.wayne.mi.us
PCA#	Contract: 20061239 Federal ID: 38-6004895

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

- The Improving Practices Leadership Team met monthly this quarter. Agenda items for the meetings have included implementation issues for FPE, PMTO, IDDT and Supervised Employment and Supervised Housing.
- In January, Marcie Alling, State Coordinator for MiConnections, gave a presentation *Guideposts for Success*, Evidence-based Activities that Improve Outcomes for Youth. MiConnections is a systems change project working to improve education, training and employment outcomes for youth with disabilities.
- In February, the agenda included an agency update and a presentation on Project Helping Hand, a collaboration between the Detroit-Wayne County Community Mental Health Agency, Neighborhood Service Organization and the Bureau of Substance Abuse Prevention, Treatment and Recovery. The committee also reviewed the National Outcome Measures, and the SAMSHA Action Plan.
- The March meeting addressed training issues and reviewed planning for Children's Grand Rounds, and ongoing Ethics training for social workers. Plans for a three day Family Psychoeducation training with Dr. William McFarlane were outlined. The training is scheduled for June 11-13, 2007 and will accommodate 100 practitioners and 15 provider administrators.
- The funding subcommittee has met three times this quarter and developed costing formulation on ACT, FPE, IDDT and PMTO for the Finance Department of Detroit-Wayne County Community Mental Health Agency. Collaboration on costing methodology includes the MCPNs, Finance Department, and members of the IPLT.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The FPE coordinator continues to meet with administrators and clinical supervisors at multiple provider organizations in Detroit-Wayne County. There has been continued outreach to ACCESS, Northeast Guidance Center, Southwest Counseling Solutions, and anticipated follow-up with Hegira and The Guidance Center. In-service reviews of the FPE model have been provided to Northeast Guidance Center and Southwest Solutions. A clinical forum on EBP's and a curriculum forum with model overviews were given this quarter for all Detroit-Wayne County CMHA providers. The facilitation of educational opportunities and initiatives is a critical piece in the progress towards EBP implementation and a transformation of the system towards a recovery orientation. In working with the pilot sites, planning meetings include both practitioners and administrators to encourage system integration and fidelity to the model.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Learning collaboratives have been established via clinical and curriculum forums offered to providers, and informally, a clinical supervisor from one pilot site has offered to collaborate with new sites. Cheryl Green, Clinical Supervisor at Community Care Services (CCS) will meet with Southwest Counseling Solutions to provide information about her experience with FPE implementation this past year. This inter-agency collaboration within Detroit-Wayne County will expand educational opportunities. All pilot sites have worked collaboratively with WRAP and NAMI programs in their community. The FPE program coordinator is working actively with the Community Planning Council and is a member of its workforce development subcommittee looking at training, credentialing, salaries and caseloads for practitioners throughout the system. Educational and training programming is being developed with the Virtual Center for Excellence which includes The Guidance Center, Wayne County Community College, D-WCCMHA and Wayne State University.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation Project outcomes planned for this quarter.

Community Care Services has successfully implemented 2 multi-family groups in Lincoln Park and Taylor, Michigan which have received positive results on the quick check family/consumer survey. Group attendance and response has been strong. Lincoln Behavioral Services in Redford held their educational workshop on January 27 and implemented their multi-family group in early February. Group attendance has been consistent and strong. Development Centers, Inc. has made considerable progress in the joining phase and has recruited and joined with 5 families from the ACT program. The co-facilitator is from the AOP and has not kept pace in the joining phase because of caseload issues and less access to families. The workshop

which was scheduled for late April has been delayed because of this, and is now scheduled for May 19. There is no other facilitator trained in the FPE model at DCI either in the ACT or AOP programs. Southwest Counseling Solutions has begun recruitment of consumers and families from the AOP and is meeting bi-weekly to plan for implementation of the program. Four staff members attended the training in January, 2007, including 2 AOP practitioners, one supervisor and one deputy director. An in-service on EBPs, including FPE, was held at ACCESS on March 2, 2007. There are numerous barriers which will need to be addressed before the implementation of an FPE program. An initial implementation meeting was held with Northeast Guidance Center on February 23 which anticipates implementation within the next 3-6 months. Northeast is most interested in the development of an adolescent/young adult group which would address "aging out" issues and provide a continuum of care for consumers and families. The FPE coordinator is investigating this possibility.

Most importantly, FPE training has been scheduled for June 11-13, 2007. This educational opportunity is a positive and necessary step toward implementation for Detroit-Wayne County.

E. Briefly describe staff training and technical assistance obtained during this quarter.

Ongoing supervision with Jeff Capobianco and Liz Dorda was provided for Community Care Services, Lincoln Behavioral Services and Development Centers, Inc. The FPE coordinator provides consultation and educational material for all sites. Twelve practitioners attended the January FPE training. The FPE coordinator provided an in-service training on licensing and continuing education for social workers at Southwest Counseling Solutions and Northeast Guidance Center in March. A training on the FPE model with Dr. McFarlane is being planned for June 11-13, 2007 in Detroit for provider organizations. Continuing education and training for practitioners is being developed by D-WCCMHA's Virtual Center for Excellence (VCE). Clinical and curriculum forums based on a learning collaborative model have been developed by Project CARE to provided education and collaboration on EBP implementation. Forums were held, January 26, February 1, March 2, and March 30, 2007. These forums will be held on a continuous basis during each quarter and include education and collaboration on FPE.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Community Care Services Director Bill Walsh reported that encounter codes for FPE were not processed within the system since late 2006. He believes the problem has been corrected and was related to the billing in Bay/Arenac. Costing methodology continues to be developed through the subcommittee of IPLT in collaboration with the Finance Department of D-WCCMHA. As reported in previous reports, understaffing and excessively high caseloads are serious barriers for system

transformation. The FPE coordinator is participating in the Workforce Subcommittee of the Community Planning Council which will be examining this issue.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

The evaluation plan for FPE has been reviewed with all participating provider sites. Community Care Services and Lincoln Behavioral Services have completed the record extraction form, the consent forms, joining and workshop surveys and the initial quick check. CCS has also completed the quick check review after their first three months. DCI is completing the record extraction and consent forms. All material has been forwarded to Dr. Mary Ruffolo.

H. Describe PIHP financial and in-kind support utilized to support the project and sustainability planning.

The FPE three day training scheduled in June will be financed through Project CARE and D-WCCMHA so that providers may send staff free of charge. Provider organizations have donated additional staff time required for training, planning, and implementation meetings. Administrators and peer specialists have also donated time and work to the IPLT and the Community Planning Council lead by Dr. Michelle Reid. The PIHP also provides funding and in-kind support for the Virtual Center of Excellence, created to develop a collaborative educational network for training and research for D-WCCMHA.

Signature: Michael Butkus, PhD

Submitted by: Michael Butkus, Ph.D., Executive Director
Wayne State University Project CARE

This report has been reviewed and approved by:

Melanie R. Thomas, D-WCCMHA Contract Manager

Name Division Date April 27 2007

FAMILY PSYCHOEDUCATION
PERFORMANCE / PROGRESS Narrative Report: FY 2007 QTR 2
MDCH staff-Karen Cashen/John Jokisch
Federal Grant Award #: 06B1MICMHS-03
Project #: 20704

1. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.

The committee continues to meet, make recommendations for practice modification and implementation, and oversees the implementation of evidence-based practices. Topics have included the Texas Algorithm, data management, model fidelity, stakeholder education, training, allocation of resources, and implementation of FPE, COD-IDDT, and Multi-systemic Therapy (MST). Updates on all EBP goals are presented and compared to established timelines. Maintenance of model fidelity in network ACT programs has been monitored by the committee which has led to two summits meeting with paneled ACT providers and a recent corrective action.

2. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The GCCMH 4 person FPE sub-group now meets every other week. Discussion continues to focus on the monthly group session and clinical supervision with our Maine mentor. We have begun the joining process for our second group specializing in individuals with mood disorders. We are in the beginning discussion phase for our next group, set to start 4th QTR FY 2007, for the adolescent population ages 15-17. We have identified 4 external providers that are in various stages of completing FPE 101 and beginning discussions about group provision at their sites.

3. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

The PIHP has uncovered no barriers to the process of implementing EBP during this quarter. Board members and community stakeholders continue to agree that implementation of EBP is a positive and critical step. The involved families remain enthusiastic and continue to report that they feel a reduction in self imposed internalized guilt for their family member's diagnosis.

4. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

The multi-family groups continue every other week. The first video-tele-conferencing set up has been purchased, set up and available for family psycho-education. A regular meeting space and several catering "contracts" for the groups have been obtained.

5. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.

CMHSP staff continue to attend the learning collaborative sessions. PIHP and CMHSP staff continue clinical supervision with Ed Owens (Maine).
Joining Fidelity has been assessed with the use of the Joining Fidelity

Checklist; Initial and Follow-up Quick Check-in has been completed for each participant; FPE MFG Problem-Solving fidelity is monitored each meeting through the use of the Competency Checklist for MFG clinicians. FPE Clinical Supervision conference calls are placed monthly during which videotaped content from previous FPE MFG sessions are discussed with an emphasis on improving group processes. Clinical supervision calls are documented and evaluated through the use of the Michigan MFG Supervision format devised for this region. As previously indicated, plan implementation progress is reviewed quarterly by the PIHP Improving Practices Leadership Workgroup.

As suggested, the agenda for each FPE MFG Problem-solving group is posted for all group members to see and is taken directly from Multifamily Groups in the Treatment of Severe Psychiatric Disorders (McFarlane, 2002, the Guilford Press). Finally, FPE MFG clinicians meet once weekly to debrief on content derived from groups and to develop plans for MFG Problem Solving group expansion.

6. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

The FPE MFG Problem Solving group currently has nine members enrolled including consumers with a diagnosis encompassing a thought disorder (I.E. Schizophrenia, Schizoaffective Disorder). On average attendance varies between five and nine members excluding facilitators. It is noteworthy that the group features a deaf participant with SPMI whose involvement is possible only through the provision of sign language interpreting services.

Specific diagnoses follow:

DSM IV-TR	Axis I Diagnosis
295.9	Schizophrenia, Chronic Undifferentiated Type
298.9	Psychotic Disorder, NOS
295.72	Schizoaffective Disorder
295.30	Schizophrenia, Paranoid Type

Two additional members are currently engaged in joining processes prior to being added to the ongoing FPE MFG Problem Solving Group.

There is a concurrent effort to engage families which have a member with a major mood disorder (Bipolar / Depression) currently underway with seven families identified.

7. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress

There is an effort to facilitate communication and information exchange across the state via the use of a state-wide List-Serve to which, all FPE facilitators and staff have access. The GCCMH FPE Group has requested materials specifically for use during the FPE Educational Workshop when focusing on Mood Disorders.

To date, none have been supplied and it is not known whether videotaped materials analogous to "Schizophrenia Explained" featuring Dr. McFarlane are available.

8. What internal administrative or clinical barriers have you encountered in the last quarter, and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?

GCCMH PIHP has both internal and external providers. As would be expected, challenges exist in the area of quality management and fidelity when utilizing external providers. External providers have completed FPE Track 1 facilitator training and have been invited to participate in monthly clinical supervision sessions with the FPE Regional supervisor.

9. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

The 4 trained GCCMH staff attended the following:

January 17 – 19, 2007 State-wide FPE Conference:
Three day conference featuring Dr. McFarlane and several FPE consultants from the PIER Program in Maine. Training sessions were skill-focused and determined to bring facilitator skill-sets in line with fidelity expectations through didactic lecture, FAQ, observation and role-play.

March 6, 2007 Regional Learning Collaborative
Participants determine content according to needs for FPE planning and implementation efforts occurring in each of their regions. General structure follows FPE MFG Structures (Go-Around, Problem Identification and Brainstorming followed by videoconference session with Dr. McFarlane or designated staff from Maine Pier Program.

January – March, 2007 Monthly Clinical Supervision
Conference call with Ed Owens, staff member of the Maine Pier Clinical Team for the purpose of reviewing videotaped content from previous FPE MFG sessions conducted on-site by PIHP facilitators. Clinical Supervisor and facilitators view videotapes in advance of session and select specific content based on desire to improve clinical processes associated with FPE MFG.

The 4 identified external providers in our panel identified 2 staff each (8 total) for FPE 101 training. As indicated previously, they have been invited to begin to received their monthly clinical supervision with us.

10. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

We submitted a budget amendment and rationale for our continued need of the FY 2006 unused grant funds for consideration.

11. Describe the activities planned to address the project's goals and objectives for the next quarter.

We will continue to provide multi-family groups for those with thought disorders. We have begun joining sessions for a group focused on the population with mood disorders. We have begun discussion for the start up of an adolescent group 4th QTR 2007. The Improving Practices Committee will continue to meet to identify and resolve barriers to process, and maintain model fidelity. Stakeholder awareness will continue

Tracey Malin- 810.762.5240

PROGRAM NARRATIVE REPORT: MDCH BLOCK GRANT FY 06/07

Contractor: KCMHSAS
Project Name: EBP- Family Psychoeducation
Time Period: 1/1/2007— 3/30/2007
Contract Number: 20071330
Project Number: 20611
MDCH Specialist: John Jokisch

1. Over the last quarter the FPE program has started to move forward. Using the already developed work plan, Kalamazoo CMH has been able to interview and hire a FPE coordinator to develop and implement the program for Kalamazoo CMH as well as for the PHIP. The coordinator hired was Mr. Eric Lake, an individual who has worked with KCMHSAS in the past and has a good understanding of both the KCMHSAS system, and community resources that will be key in implementing this program. With a coordinator in place KCMHSAS will be advancing the development of the FPE program and achieving the goals set up in the work plan for this program.

2. In the last quarter the Improving Practices Leadership Team has met three times to discuss the implementation of the FPE program and other business. The new coordinator has not yet been able to meet with the IPLT team, but is scheduled to meet with them on June 25th, the next scheduled meeting. At this time IPLT will discuss with the coordinator overall goals and advances in the improvement of overall care for CMH consumers and their families through FPE.

3. In the past quarter, Kalamazoo CMH has been able to hire a Coordinator for the FPE program. The hiring of this individual, will allow Kalamazoo CMH to better support overall systems change. Since the date of hire, the coordinator has been getting aquatinted with this model in order to understand what will need to be done to implement the model system wide. Currently our program has not had time to developed enough to promote significant systems change, however the goal of this program will be to provide overall improvements in the current system.

4. In an effort to work on collaboration between services and systems the FPE coordinator is currently in the process of scheduling meetings with involved groups. The FPE Coordinator will be meeting with administrative representatives from all parties in the PHIP in the following months (April, May) to provide information regarding the FPE program and determine interest in implementation. Presently the FPE coordinator is creating resources for disbursement of information. A workgroup is being formed, including members of collaborating services. Following these meetings the coordinator will begin to meet with other agencies that provide services to consumers that may be eligible for FPE. It is the hope of the FPE Coordinator that these meetings will allow for possible referral of families for a pilot group for FPE in Kalamazoo and other providers if applicable. The coordinator has also been working closely with Kalamazoo's Family Supports program. Family Supports and FPE will work together to integrate services in order to help a larger population of families. Already, Family Supports have been able to provide a extensive resource library, information on training's they have offered, and the possibility of individuals that may be interested in being part of the pilot program.

5. Due to several unavoidable factors, including the long time absence of the MIA Director, this project remains behind in the work plan. Due to this delay an updated work plan with updated timelines has been developed. It is the hope that this program will be able to proceed quickly now that needed personnel are in place. The new timeline will attempt to move the project forward quickly and allow the project to get back on track for the projected goals. Since starting in this position the FPE Coordinator has been studying the model. The coordinator has developed formats for the Kalamazoo sponsored FPE pilot program, these documents will also be useful in helping others organizations in setting up FPE. These documents are included. The FPE Coordinator was able to obtain multiple information and reference sources related specifically to the model. This information will be combined

Narrative Completed by: Kathleen Cody-Fitzpatrick, Deputy Director for Adults with Mental Illness – 269-553-8017
Budget Completed by: Charlotte Bowser, Senior Financial Analyst – 269-553-8013

with the substantial library that has been created by the Family Supports Program. By working together, these systems will be able offer clinicians and consumers a wealth of information. Basic information is being used to create materials to help disseminate information about FPE to the PHIP and community providers. A FPE workgroup is being developed through invitations to members from local support groups, community agencies and other stakeholders in the area. The FPE coordinator has also been meeting regularly with members of KCMH who will be involved with the FPE program implementation. These meetings have been used to brainstorm issues related to FPE development. A needs assessment for Kalamazoo CMH has been done to better understand what similar programs are in place and what these programs will be able to offer to expedite the development of this program. This assessment will help to clarify what needs to be done in order to have a successful FPE program, with a strong measure of fidelity. See needs assessment for more information on these results.

6. Currently the PHIP is performing a needs assessment regarding services in place that may be used in conjunction with FPE. Kalamazoo County has previously developed the Families in Action program and Family Support Program. These programs provide many services similar to stages one and two of the FPE program. The coordinator is attempting to use as much of the programming and materials developed for these programs as possible while keeping high fidelity to the FPE programming guidelines. The Family Support Program currently has its own system for data collections and monitoring. The FPE coordinator has been meeting with Family Support staff and will be attempting to use some procedures that are already in place as well as making changes in order to meet the standards required for FPE. Although FPE has not had time to develop a specific action plan related to monitoring activities, this is a goal for the next quarter, and will be implemented once the program has been instituted.

7. The target population for this program will continue to be any KCMHSAS adult with mental illness and/ or co-occurring diagnosis and their families. The focus of this program will be on treating adults with disorders that FPE has shown to be effective with. Currently, the FPE program has not been implemented, and has not yet been able to serve this target population. However, the Family Support Program in Kalamazoo has provided informational and or/educational services to 62 families during fiscal year 2005-2006. Family support services were provided to 230 families during this same time period. FPE will be able to serve this population once programming is in place as well as the possibility for a lager population by including more community referral sources. Demographic and Diagnostic criteria will be tracked as this program is developed and clients are enrolled.

8. During the last quarter this program has encountered no administrative barriers from the state. Due to the relatively early stage in the process of development, there have been very few problems. The state is currently providing supports to facilitate the process for growth for this program. The coordinator is linking with the state to gain information on state training, supervision, and workgroups. The coordinator is scheduled to attend FPE workgroup and learning collaborative meetings in the next quarter. The coordinator will plan on attending all state level programs supporting FPE and EBP.

9. The internal administrative and clinical barriers that have been observed are mainly based on delays in hiring. With the hiring of a coordinator for FPE this program will be able to move forward. Another pressing concern in the need for authorization of a .25 FTE employee to co-facilitate FPE meetings, provide support in the development of the program, dissemination of information, and providing FPE services. KCMHSAS is currently working on this issue. Over the past quarter there has been little need for technical assistance as this program is still in early development.

10. Over this quarter there have been no opportunities for staff training as there was limited staff involved directly with the program. Currently the FPE coordinator in looking into applicable training's and will be providing individuals involved or interested with information regarding relevant training. Multiple staff have registered for a lecture on FPE in May.

Narrative Completed by: Kathleen Cody-Fitzpatrick, Deputy Director for Adults with Mental Illness – 269-553-8017
Budget Completed by: Charlotte Bowser, Senior Financial Analyst – 269-553-8013

11. As this program is still in the developmental stages, the resources that have been allocated are meeting the needs of the program. As the program is being developed all attempts are being made to create a program that will be sustainable with the monies available. In the upcoming two years programs will be developed in each county in the PHIP with local programming. In Kalamazoo FPE will be included into the Family Supports Program positions that are already in place. Currently no amendment is needed other then a revised timeline.

12. With the hiring of the Family Pschoeducation Program Coordinator, there are major activities planned over the next quarter to help get this program back on track to the original timeline. As the revised timelines shows, over the next quarter this program will trying to accomplish the following goals.
    - Establishment and meeting of an FPE workgroup to report to the IPLT team.
    - Development of a process for obtaining continuous feedback from consumers, families, local advocates and providers.
    - Development of local implementation tools based on the SAMHSA tool kit.
    - Development and Dissemination of materials to local stakeholders. FPE coordinator will be going to PIHP members as well as many community service providers to present on FPE programming. The goal of these meetings will be to gain client referrals for the pilot program to be developed, as well as provide awareness of the overall program and interest in the further development for FPE in other community programs.
    - Development and Implementation of pilot program to be run by KCMHSAS, enrollment of families for pilot program, starting of joining sessions.
    - Development of a training program for use in supporting creation of FPE in other organizations.

Although this program is currently behind schedule, we are confident that we will be able to follow the updated timeline and still be able to complete the goals of this program.

Narrative Completed by: Kathleen Cody-Fitzpatrick, Deputy Director for Adults with Mental Illness – 269-553-8017
Budget Completed by: Charlotte Bowser, Senior Financial Analyst – 269-553-8013

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT

FAMILY PSYCHOEDUCATION PROGRAM NARRATIVE FY 2006/07 2nd QUARTER REPORT

1. Report Period: 1/1/2007-3/31/07
PIHP: LifeWays
Program Title: Family Psychoeducation Training and Service Project
PCA#: 05B1CMHS-03 Contract #: 20061242 Federal ID: 38-2056235

MDCH Specialist: John Jokish

2. **Systems transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT):**

The IPLT continues to meet for 1.5 hours on a monthly basis to review the organization's progress on the EBPs of FPE, IDDT, MST, and the Medication Algorithm project. The membership includes representation across the continuum of care for the MI Adults, SED children, and individuals with Developmental Disabilities. The membership also includes the Coordinating Agency (Mid South)-however they have yet to attend, consumers and parents. New members replaced old members 2/1/07 due to the following personnel changes: IPLT leader and EBP coordinator left the agency and the Finance and Data Director received a promotion. (see attached revised membership listing).

In February 2007, the Coordinating Agency (Mid-South) supported the attendance and IPLT membership of one of its leaders. Although this leader from Mid-South is excited about participating, she will not be able to attend meetings until May or June due to begin on Medical Leave.

In February 2007, the IPLT Leader had a 2 hour phone conference call with Tison Thomas, MDCH Specialist for IDDT. This phone call provided an overview to COD system transformation and the IDDT program and how these items fit together. System transformation resources were also provided.

In March 2007 an expanded role of the IPLT was implemented. The IPLT's role was expanded to include an analysis of the effectiveness of the services offered across LifeWays Continuum of Care for each population (MI Adult, SED Child, and DD). For this reason, 3 subcommittees representing each of the population groups have been defined and established. The "leaders"/"chairs" of these subcommittees will be the IPLT members representing the specific population. The subcommittees will include representation from all of LifeWays Service Provider Network, parents, consumers, and community organizations/systems. Based upon their analysis of LifeWays current service array and continuum of care, the subcommittee will make recommendations for system of care enhancements to the IPLT. In turn, the subcommittee leaders and IPLT

leader will present the recommendations to LifeWays leadership and Board of Directors. The IPLT bylaws will be revised to include this expanded role. These subcommittee members will become active advocates and system leaders in improving the recovery culture across the LifeWays Network, in encouraging the paradigm shift in the treatment of individuals with co-occurring disorders, and improving the children's system of care.

In March 2007, a document describing EBPs, how programs become EBPs and the status of research based programs within the LifeWays Provider Network was created, presented, discussed and distributed to the IPLT members to use in further educating staff within the LifeWays Service Provider Network, LifeWays Leadership and Board of Directors and the community at large. The document is scheduled to be presented at the LifeWays Service Provider Meeting and LifeWays Board of Directors in April 2007. The IPLT members will use this document to further educate their staff on EBPs.

In March 2007, the COO of Mid-South and the Director of their contracted CDRS met with the IPLT Leader and LifeWays Access Center Director to discuss the development of an integrated COD access point. Mid South and the CDRS Director also agreed to join the IPLT Leader and LifeWays Access Center Director in meeting with Network 180 on how they have transformed their "front door". Mid South coming to the table and agreeing to be a part of the co-occurring disorders system transformation is a significant step.

In March 2007, the IPLT Leader participated in a 2 hour phone conference with Gennesse CMH regarding the implementation of MST. The Gennesse Leader explained their development of the community system of care team to support the implementation of the MST program.

Due to some of the IPLT members interest in becoming IDDT providers and MST providers, the IPLT members who are Service Providers can not participate in the development of the MST and IDDT RFPs or discussions with Network 180 about IDDT or Gennesee CMH about MST. The IPLT leader is sharing general overview statements about the system transformation meetings that are being held.

3. **Systems change <u>process activities</u> during this quarter and the impact of this evidence based practice process on creating system change:**

The IPLT Leader, LifeWays Access Center Director, Mid-South, and CDRS Director are scheduled to meet with Network 180 April 23rd. This meeting will trigger the beginning of activities related to establishing an integrated co-occurring disorders screening and assessment process.

The phone conference with Gennesse CMH identified and described the community process activities that need to occur for the implementation of the MST program. The IPLT Leader will contact the MST program in South Carolina in April 2007 for further direction and support on developing the community process to support the MST program.

The implementation of the Family Psychoeducation program has added to LifeWays

and the Network Providers credibility relative to implementing evidence based practices. This is important in working with the community partners in developing and implementing the MST and IDDT programs.

4. Consensus building and collaborative service efforts with other systems and agencies that have taken place this quarter :

The following consensus building and collaborative service efforts have occurred this quarter:

- In February 2007, the Coordinating Agency (Mid-South) supported the attendance and IPLT membership of one of its leaders. Although this leader from Mid-South is excited about participating, she will not be able to attend meetings until May or June due to beginning Medical Leave.

- In March 2007, the expansion of the IPLT role allows for the inclusion of ALL the Network Providers to participate in EBP system transformation. The subcommittees may also choose to invite key community organizations to participate in EBP system transformation. The first meeting of the larger subcommittees will occur in June 2007.

- In March 2007, the document describing EBPs, how programs become EBPs and the status of research based programs within the LifeWays Provider Network was created, presented, discussed and distributed to the IPLT members. This document will be used in the next quarter to further educate staff within LifeWays, LifeWays Service Provider Network, LifeWays Leadership and Board of Directors and the community at large, which are all crucial groups in EBP system transformation.

- In March 2007, the COO of Mid-South and the Director of their contracted CDRS met with the IPLT Leader and LifeWays Access Center Director to discuss the development of an integrated COD access point. Mid South and the CDRS Director also agreed to join the IPLT Leader and LifeWays Access Center Director in meeting with Network 180 on how they have transformed their "front door". Mid South coming to the table and agreeing to be a part of the co-occurring disorders system transformation is a significant step.

5. Progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:

Phase I (Consensus Building: Awareness): **All activities have been completed**

Phase I (Consensus Building: Education): **All activities were completed**

Phase I (Consensus Building: Structural & Clinical Improvements):

- FPE has been incorporated into LifeWays Utilization Management System, which includes data collection, reimbursement codes, and reimbursement to FPE providers.

- Data collection systems are in place and began collecting and reporting data this quarter to the University of Michigan evaluators.

- The CEO and Board of Directors will be educated about the FPE program at the Board Meeting on April 18, 2007

- The FPE Providers continue to attend the quarterly FPE Learning Collaborative and submit tapes for supervisory review

- The FPE Providers continue to attend other learning opportunities related to FPE, schizophrenia, and working with multi-family groups

Phase I: (Consensus Building: Adaptation & Evaluation):

- Data collection systems are in place and integrated into LifeWays QI process. This data is being submitted to the University of Michigan evaluators

- The data is being collected and submitted based upon the forms and methodology determined by the University of Michigan evaluators

- This data is assisting the University of Michigan in fidelity monitoring. LifeWays Utilization Manager is also monitoring aspects of fidelity. LifeWays QI Specialist will also begin fidelity monitoring once the services are more fully implemented.

Phase II: (Enacting – Awareness): **All activities were completed**

Phase II: (Enacting – Structural & Clinical Improvement):

- Data collection systems are in place and integrated into LifeWays QI process. FPE is now included in LifeWays QI Quarterly Reporting Structure

- LifeWays Network Provider (Segue, Inc) reported that FPE staff members have completed Stage II FPE training and will be participating in Stage III FPE training in the Fall.

Phase II: (Enacting- Continual Improvement & Structure):

- The IPLT Leader communicates with the FPE Providers on a monthly basis regarding FPE data and implementation. Decisions are made based upon these conversations.

- The FPE Providers attend the MACMHB Conferences and Trainings based upon the training needs that are identified at the FPE Learning Collaboratives.

- One FPE Provider (Segue, Inc.) has layered the FPE program into their ACT team that was designed for individuals with Schizophrenia. This is another service for these individuals and their loved ones. The other FPE Provider

(Recovery Technology) has chosen to layer the FPE Program into their Outpatient structure. LifeWays has not yet implemented IDDT Teams.

Phase II: (Enacting- Adaptation & Evaluation):

- Not all of the outcome data elements have been implemented
- The FPE program has already been integrated into LifeWays service array for adults with mental illness. It will be sustained through LifeWays Medicaid and General Fund dollars.

Phase III: (Sustaining-Awareness) :

- The FPE Providers track the number of referrals to the program and share with the IPLT Leader on a monthly basis
- Data collection began this quarter. In the next quarter it will be used as part of the marketing and outreach efforts to increase participation in the FPE program

Phase III: (Sustaining- Education):

- Over the next 2 quarters, FPE will be marketed to NAMI organizations, Families in Action members, across the Service Provider Network, and to LifeWays' medical staff.

Phase III: (Sustaining-Structural and Clinical Improvement):

- Capacity Building will be the focus of the next 2 quarters, especially in Hillsdale County

Phase III: (Sustaining- Adaptation & Evaluation) :

- LifeWays continues to participate in the Pilot sites Learning Collaborative. LifeWays will need to develop an internal fidelity monitoring system over the next 2 quarters. This fidelity monitoring system will be developed so that if can be used with all EBPs.
- The IPLT Leader and FPE Provider (Segue, Inc.) have been discussing some innovative ways to increase capacity through the coordination of care amongst the Provider Network.

6. LifeWays action related to data collection, fidelity, and process monitoring activities to accomplish the project goal:

Data is being collected from the FPE Provider (Segue, Inc.) through the use of the Record Extraction form, which collects basic demographic information on consumers enrolled in FPE services. Informed consents have been obtained for all enrolled consumers and family members. After the first multi-family group session, FPE staff members ask the consumers

to complete the Alliance/Engagement Survey that collects information on consumer satisfaction and quality of life outcomes. LifeWays has received training on the FPE fidelity model. LifeWays QI staff will begin monitoring model fidelity as the FPE services are more fully implemented.

7. Target Population/Program Served during this quarter:

PROVIDER # 1: SEGUE, INC.

# of unduplicated individuals served this quarter: **3**
Total # of unduplicated individuals served this fiscal year: **5**

Demographic data of the individuals served:

	Consumer 1	**Consumer 2**	**Consumer 3-new this Qtr**	**Consumer 4-new this Qtr**	**Consumer 5-new this Qtr**
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Diagnosis	295.70	295.30	295.30	295.30	295.30
Living Arrangement	Own Apartment-subsidized	Own Apartment -subsidized	AFC	Own Apartment	Own Apartment-subsidized
Employment	Not in competitive labor force-disabled	Unemployed-NOT looking	Not in competitive labor force-disabled	Not in competitive labor force-disabled	Not in competitive labor force-disabled
Education	Complete High School 1 yr of college	Completed 11th grade	Completed 10th grade	Completed 11th grade	Completed High School
Income	SSD	SDA	SSI	SSI	SSI
Corrections Status	None	None	Probation	None	None

Provider #2: Recovery Technology

# of unduplicated individuals served this quarter: **0**
Total # of unduplicated individuals served this fiscal year: **0**

8. Administrative barriers from the State that have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the State to address these barriers? What else would be helpful for the State to provide or do to facilitate your progress?

FPE Provider (Segue) reported the following State Level Administrative barriers: "joining" can only be completed by a Masters Level Therapist, and lack of supervision. Segue went on to state that they have tapes of 3 problem solving groups that have yet to be reviewed by the assigned Supervisor, Jeff C. They added this is frustrating because

the FPE staff are very interested in the feedback and want to deliver the best possible services. Additionally, Jeff C. "promised" at the training in January that the supervision would be provided to the FPE staff at the pilot sites.

LifeWays IPLT Leader and Segue FPE staff were frustrated for the 2nd time when the teleconferencing equipment did not work at the FPE Learning Collaborative.

It would be helpful if the DCH intervened to ensure that Segue was provided with supervision and that the teleconferencing equipment is working properly at the Learning Collaboratives.

9. What internal administrative or clinical barriers have you encountered in the last quarter? What efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?

In the last quarter, the biggest internal administrative barrier was the resignation of the EBP Coordinator in November 2006. In this quarter, the Clinical Director (IPLT Leader) resigned in January 2007. LifeWays was able to replace the Clinical Director with an internal staff person, but has not yet been able to fill the EBP Coordinator position.

FPE Provider Segue reported no internal barriers. FPE Provider Recovery Technology reported the following internal barriers: Lacking the staffing resources to actually focus on and implement the program; difficulty getting clinical staff "buy in"; and clients are fearful of trying something "new". In order to overcome these barriers, Recovery Technology is planning an information meeting for all consumers with schizophrenia to come and learn about the benefits of FPE. This is scheduled for May 15th. Recovery Technology reports not receiving any technical assistance in the last quarter and not desiring any technical assistance at this time.

10. Staff training <u>obtained this quarter</u>. How was the training utilized for programming development and improving services?

<u>Provider #1: Segue, Inc.</u>

Unduplicated # of staff trained: 5 trained this Quarter Total of 9 Trained thus far

	Staff #1-Judy Z.	**Staff #2- Mike**	**Staff #3-FPE Staff- Tonya**	**Staff #4-FPE Staff-Dawn**	**Staff #5-Donna, Mary, Don, Laura, Kathy**	**Staff #6-Nancy, Stephanie**
Role in FPE Project	CEO-Oversight of the Project	Administrator-Oversight and Coordination	Co-facilitator	Co-facilitator of next group	ACT Staff-future group leaders	ACT Staff-group leaders
Name of Training	Winter	Winter				

	MACMHB Conference	MACMHB Conference				
Name of Training		FPE Learn And Share	FPE Learn and Share	FPE Learn and Share		
Name of Training					FPE Basic Training	
Name of Training						FPE Advanced Training (Stage II)
How was the training used for program development and improving services?		Coordination issues and engagement into the program	Coordination issues and engagement into the program	Identifying consumers for the program	2 staff are nurses, 1 is a team leader and 2 others are going to be facilitators to begin more groups in Jackson and 1 group in Hillsdale	Further FPE training to become potential trainers

Provider #2: Recovery Technology

No new staff trained this quarter. No trainings attended this quarter

11. LifeWays financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

LifeWays is providing in kind support of administrative time in the areas of Clinical Director, financial and billing staff time, data analyst time and Utilization Management staff time. LifeWays has not yet hired a replacement FPE Coordinator. This person will be hired in the next quarter. We have reached our goal of 10 staff trained across the network. We have 12 trained. We are striving to have 5 Train the Trainers, and have 2 on track to achieve Stage III (Train the Trainers) this Fall. The FPE program has already been integrated into LifeWays service array for adults with mental illness. It will be sustained through LifeWays Medicaid and General Fund dollars. No amendment needs to be initiated at this time.

12. Describe the activities planned to address the project's goals and objectives for the next quarter:

- The FPE Program will be integrated into LifeWays Utilization Management Policies and Procedures

- The CEO and Board of Directors will be educated about FPE and other EBP efforts

- LifeWays will develop internal fidelity monitoring policies and procedures for FPE and other EBPs

- LifeWays Network Provider (Segue, Inc.) will send FPE staff members to the Stage III FPE training
- The IPLT Leader will continue to communicate monthly with the FPE Providers and make decisions based upon the FPE program data and implementation progress

- All of the identified outcome data elements will be included in the FPE program tracking

- The FPE Program will be marketed across the Provider Network, to Families in Action participants, and to LifeWays Medical Staff

- Capacity Building will occur with a focus on engaging Hillsdale County residents in FPE, ideally developing a FPE group in Hillsdale County

Person Completing Report:

Contact Person: Diane Cranston
Address: 1200 North West Avenue, Jackson, MI 49202
Phone: (517) 780-3368 Fax: (517) 789-1276
E-mail: diane.cranston@lifewaysmco.com

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report

APR 27 2007

Report Period: 01-01-07 to 03-31-07
PIHP: Lakeshore Behavioral Health Affiliation
Program Title: Family Psychoeducation
Executive Director: James Elwell
Address: 376 E. Apple Avenue, Muskegon, MI 49442
Contact Person: Cynthia Hakes, MSW
Phone: (231) 724-3300 FAX: (231) 724-3348
E-mail: hakes@cmhs.co.muskegon,mi.us
PCA# 20709 **MDCH Specialist: Judy Webb** **Contract # 2006124**
Federal ID: 38-6006063

2. **Summarize the Systems Transformation efforts and implementation activities of the Improving Practices leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

During the second quarter of FY06/07, the Lakeshore Behavioral Health Alliance (LBHA) Improving Practices Leadership Team (IPLT) continued to meet on a monthly basis to provide oversight of the Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, and Recovery/WRAP Implementation teams.

The following activities and actions were undertaken by the IPLT to improve the overall system of care within the Affiliation:

- Motivational Interviewing Training, presented by Michael Clark, got underway during the quarter. By June 2007, it is anticipated that well over 100 Affiliation staff will have completed this four-day training.

- Planning took place to implement a WRAP group for Muskegon CMH staff in April in order to give them firsthand experience with this effective Recovery tool.

- Information regarding a comprehensive recovery training curriculum for staff was obtained from META Services, Inc. It will be evaluated for possible use with LBHA staff.

- The ROSI was reviewed and piloted on a limited scale.

- IPLT members increased their knowledge of the Supported Employment Evidence-Based Practice Model and strongly support LBHA applying for FY07/08 Mental Health Block Grant funds to assist in this implementation.

- Monthly "Tools for Transformation" articles from the journal *Behavioral Healthcare* have been reviewed and discussed in an effort to establish an extensive tool chest for transforming Muskegon and Ottawa CMHs into truly recovery-based organizations.

- Four IPLT members attended the two CMH Board Association preconference institutes on February 26, 2007, that addressed implementation of evidence-based practices and reported back to the IPLT. As a result, steps have been taken to provide staff members who have gone through motivational interviewing training with regularly scheduled practice opportunities to improve their skill level.

- IPLT has strongly supported the hiring of additional peer support specialists by the affiliates and will continue to monitor progress.

3. **Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

- Case Managers' case loads have been adjusted to accommodate the new time demands of Family Psychoeducation responsibilities.

- A Clinical Services Supervisor from Muskegon County continues to serve as Coordinator for Family Psychoeducation for the Affiliation.

- Six FPE staff members attended the FPE training conference in January 2007.

- Six multifamily groups continue to meet on a bi-weekly basis (three for Muskegon County CMH and three for Ottawa County CMH.) A fourth group has begun in Muskegon County CMH, and the Educational Workshop was held on Saturday, March 31, 2007.

4. **Summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this quarter.**

- Clinical Supervisor/Coordinator has continued to attend Learning Collaboratives and Sub-Committee meetings in Lansing, as well as networking with personnel from other agencies implementing FPE. We have on-going monthly contacts with our consultants from the Maine Medical Center to ensure fidelity to the Family Psychoeducation model, as well as to obtain feedback and suggestions for continual improvement.

5. **Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

- Two FPE staff members from Muskegon County CMH, who were trained in January, have successfully implemented a new FPE multifamily group. Two staff from Ottawa County CMH were trained in Track II. Seven multifamily groups

continue to meet bi-weekly using the Family Psychoeducation problem-solving process. (Muskegon CMH runs 4 groups; Ottawa CMH runs 3 groups).

- Implementation teams receive ongoing consultation, supervision and coaching. *Cynthia Hakes and Rick Hunter, along with designated staff, continue to attend Learning Collaborative Meetings in Lansing, when possible; Both Muskegon and Ottawa CMH's maintain ongoing contact with FPE consultants at the Maine Medical Center, as well as with each other.*

- Educate and train Agency staff. *Case managers have offered information about the Family Psychoeducation practice to co-workers and will continue to promote Family Psychoeducation to staff who may be interested in attending future training conferences.*

6. **Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.**

- Implementation teams receive ongoing consultation, supervision and coaching. *Cynthia Hakes and Rick Hunter, along with designated staff, continue to attend Learning Collaborative Meetings in Lansing; Both Muskegon and Ottawa CMH's maintain ongoing contact with FPE consultant at the Maine Medical Center, as well as with each other. Cynthia Hakes, Clinical Supervisor/FPE Coordinator attended Track III training ("Train the Trainer") in January. Cynthia reviews MFG DVDs for Muskegon CMH to discuss with Maine consultant. Together they offer feedback for FPE staff.*

- Develop and implement data collection, integration into local QI process and knowledge information system and analysis. *Cynthia Hakes and Rick Hunter maintain on-going communication with Mary Ruffalo from the University of Michigan, and continue to submit appropriate paperwork for analysis and data collection for the FPE program.*

- Lakeshore Behavioral Health Alliance will report progress on a quarterly basis. FPE Subcommittee will address initial and on-going fidelity and outcome measures. *FPE Subcommittee, Learning Collaborative and IPLT offer opportunities for on-going reporting to ensure consistent implementation and fidelity to the model.*

7. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

- This project focuses on persons with a diagnosis of Schizophrenia, and their family members and significant others. Muskegon CMH has a total of 26 consumers and approximately 30 family members involved in the current

Multifamily Groups. Ottawa CMH has 13 consumers and approximately 22 family members involved in current Multifamily Groups. The total for the Affiliation MFGs is 34 consumers and 52 family members.

8. What administrative barriers from the State have emerged during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the State, to address those barriers? What else would be helpful for the State to provide or do to facilitate your progress?

   The only barrier we have encountered in this last Quarter is limited funds to accommodate growth of Family Psychoeducation. We will need additional funding to meet future training costs, as well as to provide for running additional multifamily groups.

9. What internal administrative or clinical barriers have you encountered in the last quarter and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?

   No barriers noted. Ottawa County continues using secured software installed on the county server to allow for video recordings/DVDs to be encrypted and uploaded, which allowed the consultants in Maine to download and review recordings for critiques and consultation. (WinSCP). Muskegon County would like to also make use of the WinSCP software to allow the same viewing capabilities as Ottawa County. Muskegon County would request some kind of technical assistance and training with this software. Using this software would eliminate additional costs of duplicating DVDs and postage, as well as saving time. A determination will be made once we know how changes in consulting will be implemented.

10. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

- Three additional staff were trained during this quarter from Muskegon County CMH: Jerry Zadel and Mike Cavalier attended Track I, and Cynthia Hakes, Clinical Supervisor/FPE Coordinator was trained in Track III, "Train the Trainer". Three people from Ottawa County CMH attended the January training as follows: Rick Hunter, Bruce Jones, and Cheryl Schut attended Track II and Wende Cook attended Track I. Assistance from conference trainers, as well as from consultants, has continued to be utilized by facilitators in the FPE program. FPE facilitation staff for Muskegon County are as follows: Deborah Smith, Valerie Vines, Nick Grinwis, Suzan Zuidema, Cindy Chattulani, Dave Gawron, and Cynthia Hakes, Coordinator. Ottawa County facilitators are Bruce Jones, David Maranka, Cheryl Schut, Nichole Brunn, David Neal and Pam VanNoord.

11. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

- A block grant was received for the second year of this project. A budget amendment was submitted in January, enabling us to carry forward a small sum of money left over from the first year of the grant. There have not been any identified problems with implementation relative to allocated resources, although as we add more multifamily groups, the budget becomes more strained. It is anticipated that this project will be self-sustaining at the end of 2 years. No amendment is necessary at this time.

12. Describe the activities planned to address the project's goals and objectives for the next quarter.

- Muskegon County CMH held an Educational Workshop on March 31, 2007, and will begin multifamily groups every other week for their 4th group.

- FPE staff meetings will continue on a regular basis for both Muskegon and Ottawa CMHs.

- Consultation will occur at least once per month for Muskegon and Ottawa County CMHs.

- Cynthia Hakes has been trained as a FPE trainer, and will continue to work with Maine consultant one-on-one, in order to eventually assume the role of consultant/trainer.

This report was prepared by Cynthia Hakes, Muskegon County CMH.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducatoin
Program Narrative
Quarterly Report

Report Period: January 1, 2007 – April 30, 2007
PIHP: North County Community Mental Health
Program Title: Block Grants for Community Mental Health Services
Executive Director: Alexis Kaczynski
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

2. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The IPLT continues to focus on three primary areas: implementation and expansion of the family psychoeducation program, efforts to become "co-occurring capable," and ACT model fidelity. Additionally, the IPLT is refining its own work plan.

Implementation of the Adult Family Program (FPE) has continued. There are currently five groups meeting with two more being developed. A variety of issues are beginning to arise, including: questions regarding the "formal supervision" provided by Bill Elgee, questions regarding "minor changes" in groups, and proper reporting. Each of these items will be brought to the next state FPE Subcommittee meeting.

The IPLT has also reviewed some initial fidelity measures for the four ACT Teams in the affiliation. The teams each scored well, with many measures having to be modified from urban to rural scale. A few measures required additional data, which will be reviewed at the next meeting. The information will then be reviewed with each of the ACT Teams for input.

With the Adult Family Program running, the IPLT is shifting more of its focus to the issue of integrated treatment for co-occurring mental illness and substance abuse disorders. Program Coordinators from each Board have been meeting with Directors from the Substance Abuse Detox programs. Additionally, the CA and the PIHP are working to coordinate additional training and meetings.

3. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

During the past quarter, the most notable system change has been in the areas of integrated treatment for co-occurring disorders. Northeast Michigan CMH is pursuing licensure as a substance abuse provider. Each of the three Boards is working to become

"co-occurring capable." Staff have attended training on integrated screening for substance abuse and motivational interviewing.

4. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

There have been two meetings between MI Coordinators and Substance Abuse program directors. Additionally, the PIHP and CA are meeting to plan additional training and meetings. The PIHP is also working with a substance abuse provider in another area to learn more about successful collaborative efforts that are currently underway in order to develop a similar model.

5. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Consensus Building: Staff Training – A general curriculum has not yet been developed. The PIHP has recently filled the Evidence Based Specialist position and it is expected that this will be completed during the third quarter.

Enacting: Utilized Data – data collected via the University of Michigan study for the family psychoeducation program has been reviewed. Issues regarding completion of the forms, and minor fidelity issues, have been addressed. Formal training on fidelity measurement is scheduled for May.

Enacting: Additional Sites – two of the three Boards have two groups active. The third Board has had staff trained but has not yet implemented the second group. Joining processes will begin in May and June. Additional staff have been trained and it is anticipated that NCCMH and NeMCMH will each implement a third group prior to the end of the fiscal year.

Enacting: Improve IPLT – the IPLT has shifted its focus from implementation of the multi-family groups to analysis of existing service utilization, other evidence based practices, and model fidelity. A work plan is being developed by each Board to become co-occurring capable. This is the first phase in preparing to implement the IDDT-COD evidence based practice. These efforts, reported in the first quarter, have continued during the second quarter.

6. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Data collection continues as reported for the first quarter. Statewide outcome data, as well as group specific outcome data have been reviewed. Certain issues with the data collection tool have been identified and reported to the state FPE subcommittee. Subsequent changes were made to the survey tool. This information is shared with the Stakeholder Group, the IPLT and the regional Operations Committee.

Training in assessing model fidelity for FPE is scheduled for May. At least one PIHP staff will be trained.

7. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

The population remains the same as that served in the first quarter.

8 & 9. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

No additional or new challenges were identified in the second quarter.

10. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Supervision with William Elgee, as well as attendance at the Learning Collaborative, have continued during the second quarter and will be ongoing.

Staff have attended the integrated screening training and motivational interviewing training that have been offered. It is expected that each of the three Boards will have staff trained as trainers for motivational interviewing. Additionally, NeMCMH has had training for staff to become Certified Addictions Counselors.

11. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

No problems are anticipated in the continuation of the service.

12. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings of the Stakeholder Group
- Continued meetings of the IPLT with a more well defined charge.
- Continued meetings of the FPE Subgroup to address specific implementation issues and report to the IPLT.
- Additional staff receiving training to conduct the FPE groups.
- Previously trained staff receiving the advanced training.
- Initiation of a second program site at the third Board.
- The Evidence Based Practice Specialist will provide support to the planning efforts of the IPLT and related staff groups as well as developing a training curriculum for FPE.

Report Completed by: Dave Schneider
Phone: (231) 439-1234 Fax: (231) 347-1241 E:Mail: daveschneider@norcocmh.org

1. **Project Title:** Family Psychoeducation
   Contract Number: 20071294
   Project Number: 20616
   MDCH Specialist:
   Time Period: January 1, 2007 – March 31, 2007
   Person completing report: David Byington MSW

2. **Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

   The IPLT has assigned coordinators to guide the implementation of the FPE practice. The coordinators carry out the work of, and report to, the IPLT. Systems transformation can be summarized by the fact that we have four Multi-Family Groups running at three sites, with plans for three more at two additional sites to be up and running by early summer. We have also sent staff to be trained as trainers and supervisors so the practice can be sustained beyond the grant period.

   In process is the development of entry and demand criteria and educational and marketing materials to be available to consumers, staff, families, and the community.

3. **Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.**

   Five staff attended the January State-wide training in Romulus. Three staff were trained as trainers and will assume the responsibility of supervision both for the Northwest Affiliation and other CMH systems in the State. The other two staff were trained as facilitators. We are slightly behind on our implementation of additional groups (four continue to be up and running) but plan to begin three groups by early summer. Currently we have 19 consumers receiving the service. We found that some of our data had not been submitted to the U of M study and recently took steps to get it in.

4. **Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.**

   Most of the work has been done in-house. We have presented the FPE model to the local NAMI and Consumer Advisory Counsel. There are plans to present more information to the community during the next quarter. We are in process, really in the discussion phase of how to better advertise the practice. We are planning a video and a brochure. Members of one of the groups will be contacting the PEIR Program in Maine to see what collaboration we may be able to set up to assist us in further development.

5. **Describe the process toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.**

   We have, and will continue to, present information to educate various groups about the practice, availability of the service, and the results that we have had so far.
   We have been submitting updated information to the U of M study so we will be better able to evaluate.

We are working on standard educational materials for the Education Day. We hope to have this prepared by June.

We have developed a training plan for staff and continue to discuss something for consumers and stakeholders.

Staff attended the MACMHB training In January as noted above.

There are four groups up and running. Fidelity is measured through monthly supervision that includes a review of the video of the groups, and through the use of the fidelity scale used at each group session. Additionally, data is collected from the families and consumers.

6. **Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal.**

   Data is collected and sent to the University of Michigan to be evaluated. The data includes fidelity measures. Each group is graded using the fidelity scale and the video of the groups are reviewed by expert supervisors who provide feedback to the staff doing the facilitation.

7. **Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.**

   Nineteen individual consumers, plus their family and/or supports, have participated in the service during this quarter. Three groups serve persons with a diagnosis of schizophrenia or schizoaffective disorder, while one group serves persons with a bi-polar diagnosis. Twelve males and seven females receive the service. Most are under age 30.

8. **What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress?**

   We have found State efforts to be beneficial thus far.

9. **What internal administrative or clinical barriers have you encountered in the last quarter, and what efforts have you made to overcome them? What technical assistance have you received in the past quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

   Case load size contributes to the difficulty of finding the time to provide the service that it takes to get groups started. We have done what we could to reduce new cases or coordinate coverage to allow staff the time to do the education day and joining activities. We continue to receive supervision from the McFarland group out of Maine. We would benefit from having a more technologically advanced way of sharing videos across the State and with the folks in Maine. Currently we are copying the video disks and mailing them to the places where they are to be reviewed.

10. **Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

Five staff attended training In January. Three were trained in track III as trainers and supervisors. Two staff attended track I and will be facilitating a group to begin by June. We missed our target of starting up three additional groups in March and now have targeted June as the start-up date. One group is in the Joining phase. The other two groups have been delayed due to staff turnover. Staff who attended track III will be assisting with supervision and training across the State and for our affiliation.

11. **Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

There is no need for an amendment at this time. There are no problems noted. In-kind support has included funding for each group meeting. There are no questions of sustainability at this time.

12. **Describe the activities planned to address the project's goals and objectives for the next quarter.**

We are planning the implementation of three additional groups within the next two months. We also plan to complete some standardize training/educational materials and to market the service to consumers, staff, families and the community. Focus groups and measuring fidelity are projects to be coordinated during the next quarter as we did not accomplish goal. Staff trained as trainers will be assuming the role of supervisors and will be available to provide training as needed.

Competency and fidelity will be monitored and evaluated by our own supervisors as the McFarland group turns over the responsibility for this to us.

We will continue to work with the U of M study to get our data up to date and evaluated. We then will present this data to the IPLT.

Completed by: David Byington MSW
Northern Lakes Community Mental Health
Phone: 231-922-4850

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Second Quarterly Report 2006/2007

Report Period	1/1/07-3/31/07
PIHP	Oakland County Community Mental Health Authority
Program Title	Family Psychoeducation Block Grant
Executive Director	Jeffrey Brown
Address	2011 Executive Hills Blvd., Auburn Hills, MI, 48326
Contact Person	Erin McRobert
Phone:	248-858-2198 Fax 248-975-9543 E-mail mcroberte@occmha.org
PCA #	Contract # Federal ID 38-34375

A. The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:

- Regularly scheduled meetings to report on activities of Best Practices Work Groups according to work plans
- Issues addressed included information re: Innovative peer delivered services, updates on the Utilization Management Teams, Updates on Central Access from the Clinical Administration Group, ACT issues re: fidelity and DACTS Training from the Adult Best Practices Group as well as sharing Best Practice Guidelines.

B. Systems Change Process activities occurring this quarter include ongoing work on establishing central access system. Work toward the development of an OCCMHA utilization management team. An increase in planning for more peer delivered services and supports through the development of Peer Choices. Finalized plan to bring in trainer from the ACT Center at IUPUI to train utilization management and quality improvement staff on use of the DACTS to measure ACT team fidelity adherence. There have been ongoing efforts to engage and recruit consumers to participate on best practice teams. FPE supervisor was brought in to meet with each of the FPE teams for additional supervision and in some cases training.

C. Consensus building and collaborative service efforts continue to occur throughout the Authority and provider network. Providers have been working with OCCMHA to develop central access, utilization management teams, a standardized assessment for persons with mental illness, planning with consumers, family members, and providers to put on the Recovery Conference as well as other conferences.

D. Outcome Progress according to the second quarter work plan

- Efforts have been on increasing sustainability of current groups. Efforts used include the ongoing FPE work group meeting.
- There have been efforts toward establishing new groups.
- Additional consumers and families have joined already existing groups.
- Evaluation data continues to be collected and sent to U of M.
- 27 people completed FPE Training in January.
- One person attended Track III training and will be able to supervise and train in the state.
- Each provider agency continues to have monthly supervision with Donna Downing the supervisor from Maine. Seven tapes were turned in for supervision this quarter.
- FPE subcommittee meetings were attended as scheduled.
- Draft of MFG/FPE Practice Guidelines developed by Work Group and reviewed by Donna Downing for comment.
- 7 people participated in the January Learning Collaborative

E. Staff Training and technical assistance included FPE training for 27 people in Romulus, 7 people participated in the January Learning Collaborative, and one half day at each of the provider sites with Donna Downing from Maine to provide more consultation re: training needs, implementation issues, and supervision.

F. Challenges encountered during the quarter regarding implementation include:

CNS reports some barriers to running an FPE group out of the residential home of several residents. The barrier is staff unable to fully participate. They are going to begin meeting outside of the home to assure staff participation without having to juggle other job responsibilities. The young adult group is still working on joining.

Easter Seals reports barriers to the Bipolar MFG have been staff out on maternity or medical leaves, scheduling of the group during school hours, ongoing challenges with population due to substance abuse and legal involvement. To resolve the issue of scheduling the group is meeting at a later time.
The Adult MFG group for persons with schizophrenia has been challenging as they have had difficulty obtaining family/support involvement. They recently were able to bring on a case manager to assist with facilitation and this person will bring more consumers and families with them.

TTI A case management group has some difficulty getting families/supports to consistently attend but are attempting to join with new families to add to the group.
The Oakland ACT has a small group but recently a consumer passed away. They have joined with another new family.
The residential program recently had staff complete training so they are in the process of joining. There has been some issues with video submission mainly from TTI 's information technology department. Another group planned for the case management team has been delayed as two identified staff trained has left or are leaving the agency.

G. PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- All agencies have turned in data for review by Mary Ruffalo @ U of M
- Consultant met with Mary @ U of M in January to review missing data needs, and discuss ways to improve data collection. Also discussed ways to follow up regarding a group which recently ended.

H. The target populations/programs served during this quarter include;
Young Adults 18-25 year olds and their families, Casemanagement consumers and their families, and ACT consumers and their families, Persons living in residential homes.
2 Groups for persons with Bipolar Disorder, 4 Groups for persons with schizophrenia, and 1 group for persons with mixed diagnoses. Other groups are mixed.
Persons participating are receiving services at Easter Seals (ES), Training Treatment and Innovations (TTI), and Community Network Services (CNS).

Consumers Served:	**Community Network Services:**	**11 Consumers**
	Easter Seals:	**18 Consumers**
	Training and Treatment	**18 Consumers**

Total Consumers Served this quarter: 48

Families Served:	**Community Network Services:**	**14Family members/supports**
	Easter Seals:	**23 Family members/supports**
	Training and Treatment	**21 Family members/supports**

Total Family Members Served this quarter: 58

I. the Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in the Learning Collaborative as well as the DCH FPE Sub-Committee.

J. Activities planned to address the project's goals and objectives for the next quarter include:

Continue to develop and implement 2 more FPE groups by 9/30/07 at all 3 agencies.
Increase stakeholder awareness (Continue)

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;
- Engage family members in Best Practice Work Groups
- Continue participation in DCH FPE sub-committee meetings and the Learning Collaborative.
- Workshops are scheduled for TTI in June for two new groups.
  CNS has a workshop scheduled in May for additional families joining an already established group.
  Easter Seals has one workshop scheduled in May for adding additional families.

K. Evaluation and CQI Activities

- Collect evaluation information per U of M Evaluation plan.
- FPE providers continue to utilize regularly scheduled supervision and send in tapes for review.
- OCCMHA coordinates and sends data to U of M.
- Participate in Evaluation training scheduled to occur in May to discuss evaluation tools for MFG and running focus groups.
- Data will get presented to Best Practice Work Group and shared with Improving Practices Leadership Team as information becomes available.

ATTACHMENT C – FAMILY PSYCHOEDUCATION NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

* **FINAL REPORT**: Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family PsychoEducation
Program Narrative
Quarterly Report

Report Period	**01-01-07 to 03-31-07**
PIHP	NorthCare Network
Program Title	Family Psycho education Grant Second Year FY07
Executive Director	Douglas Morton
Address	200 West Spring St, Marquette MI 49855
Contact Person	Lucy Olson, MS, MFT, LLP

Phone: 906 -225-7235 Fax -906-225-5149 E-mail—lolson@up-pathways.org
PCA # 06-20714 Contract # 20061249 Federal ID #38-3378350

A. Briefly sum marize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Practices Improvement Leadership Team did not meet during this quarter. The team decided to meet after the RFP for the Mental Health Block Grants was distributed to the PIHP. We had been informed at the statewide PILT meeting that the grants needed to be reviewed by the PIHP and that the master contract in FY10 was going to include the requirement to be doing co-occurring treatment as well as FPE. NorthCare and the affiliates agreed it was important to consider a regional grant to help focus the efforts in developing co-occurring treatment practices in the region.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

Critical to systems change was the commitment by three Boards to have staff trained in the "Train the Trainer" model in FPE at the January 07 training. Also the Boards sent a total of 12 clinicians to the basic FPE training in January. The CMHSP have agreed to develop a sustainability plan for FPE treatment and will submit that plan with the third quarter report. Also during this quarter, a number of the consumer members of the PILT have been participating in the planning of the

Consumer Conference that will be held in Escanaba, Michigan on May 7, 2007. NorthCare has requested consumer input in writing a grant for a second consumer conference in FY08 and several consumers have said they will help write that grant.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

As mentioned above, a primary focus has been the Consumer Conference coming up in May. Three members and one clinician from the FPE group in Menominee will present at the conference on the impact FPE has had on their lives. A brochure has been developed to be used by all 15 counties as they begin new groups. Each group may add their local information but have agreed to keep the format of the brochure standard.

D. Briefly describe the progress toward achieving each of the Family PsychoEducation project outcomes planned for this quarter.

The work plan will be reviewed at the FPE project team meeting in April. Educational workshops have occurred for three new groups in this fiscal year. Each team received a set of documents coded for their unique group to facilitate the submission of data to the U of M for the outcomes study. This area continues to be one with low compliance on the part of the clinicians. It is a considerable task for clinicians as the burden for obtaining the consents and initial data occur as the new group is being formed. We are discussing as a region whether we will need to do on site fidelity reviews for those groups who have not been submitting the data. Two staff have volunteered to attend a training in May to learn how to conduct the fidelity reviews for the FPE treatment.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

As indicated above, 15 staff received training in January. Three of these staff are in the "train the trainer" track and are currently conducting the supervision groups with Phil Collin from Maine as their coach. The grant has continued to support the local groups with funding for food and other needs. NorthCare continues to provide technological assistance for the two monthly supervision groups and for the copying of tapes to be reviewed.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We continue to seek a standard process for referrals. One of the new clinicians working with a group in Marquette is the Team Leader for the local ACT team. He is working with the local psychiatric unit and establishing informal networks with them. We hope to be able to provide training to the hospital nurses and social workers before the end of the grant.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

NorthCare uses our regional data warehouse to monitor implementation and consumer participation. Fidelity studies may occur during the summer or the very early fall.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

See the attached reports C.1, C.2 and C.3. The cumulative number of unduplicated individuals in this quarter is 40(C.1). The second report indicates the number of individuals for the first two quarters (C.2) and the third report indicates the location of the groups (C.3). Only one group, in Iron River, has begun working with youth and their families. The second group, to be held in Delta, has not yet begun. They hope to start in this third quarter.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

NorthCare does believe it would be useful to apply for the enhanced grant for FPE in FY08 but we do not believe there is adequate time to prepare that grant as well as the Co-occurring grant and the recovery grant for the Consumer Conference. NorthCare has suggested to the Boards that they consider applying for these dollars.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

The regional project team will meet and go over the documentation that will be required to submit to the PILT team by the end of the third quarter for sustainability of FPE at their agencies. We will also attempt to get a grant proposal to fund the continued "train the trainer" opportunity for another two staff. We plan to work with the regional team that is working on the development of a regional EMR and develop standard documentation for this FPE and for other EBP that are being implemented.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

APR 30 2007

Block Grant Between
Saginaw County Community Mental Health Authority
And
Michigan Department of Community Health

Narrative Program Report

Project Title:	Project Number:	Contract Number:
Family Psychoeducation	***20617***	***20071291***
January 1, 2007 to March 31, 2007	MDCH Specialist: ***John Jokisch/Judy Webb***	

1. **Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT). Describe the activities and actions taken by the IPLT to improve the overall system of care.**

The CEO of SCCMHA appointed the chairperson of the Improving Practices Team as well as team members during the summer of 2005. The 20 member Improving Practices Team met 6 times during FY 2006, in October, November, January, March, May and September. The IPLT now meets on a quarterly basis; that team met on February 15th. Communications from SCCMHA to the team also occur via e- mail throughout the year. At SCCMHA, the Improving Practices Leadership Team was developed with the role of oversight for all evidence-based practices and related improvements, including promotion of a recovery philosophy throughout the SCCMHA system. The SCCMHA Improving Practices Team has been conducting reviews of current service practice areas, including Assertive Community Treatment, Supported Employment, and Dialectical Behavior Therapy against fidelity requirements for those specific evidence-based practice areas. This team also has the responsibility to provide guidance to the network and SCCMHA management and administration in the implementation of new evidence-based practices, including the focus of the COD/IDDT model initiated in FY 2006 as well as FY 2007 Family Psychoeducation (FPE) and two EBP related training grants – COD/IDDT enhancement and Recovery during FY 07. A member of the Improving Practices Team serves on the state Recovery Council. We also have had excellent substance abuse provider representation in our process, including from the local Substance Abuse Coordinating Agency. The IPLT oversees all COD/IDDT implementation efforts; COD/IDDT practice began in the SCCMHA adult

case management programs October 1, 2006. Evidence-based practice incorporation into the SCCMHA Continuing Education Program also began with FY 2007.

COD/integrated services as well as all EBP efforts have been included in the SCCMHA strategic plan development. In addition to direct consumer participation in both the Improving Practices Leadership Team and the COD/IDDT workgroup, the two consumer leadership teams of SCCMHA received reports on the progress SCCMHA is making towards implementation of integrated service delivery, and were involved in the decision-making for all improving practices goals for FY 2007.

The activities of the COD work group and the Improving Practices Leadership Team are routinely reported to the SCCMHA Quality Team. SCCMHA incorporated EBP and COD/IDDT policies into the provider network policy manual during FY 06 as well.

The COD/IDDT workgroup met monthly in FY 2006, and is moving to bi-monthly meetings in FY 2007. The FPE group began meeting in October and is meeting on a monthly basis. During this second quarter the FPE workgroup met on January 29th and March 26th. (The February meeting was cancelled.)

2. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The request for this block grant was coupled with a request for a case management block grant. The reason for this request was that it had become apparent that SCCMHA could not move forward with Recovery, FPE or even good person centered planning unless we addressed the high case loads of staff serving persons with mental illness. During the first quarter of FY 07, we added two additional case management providers to our network. One was brand new and the other had served only a small number of consumers that had stepped down from ACT. With this change, we have begun lowering case loads with a goal for case loads to be no higher than 35 and even lower for clinicians attempting to implement and evidenced based practice such as FPE. This system change will significantly impact our ability to move forward with evidenced based practices.

3. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

This block grant was not written just for SCCMHA direct run programs. It was the expectation that the two new case management providers participate as well. We have all worked together through the Family Psychoeducation Group to accomplish this goal. In addition, at the first meeting of the Family Psychoeducation Group, it was decided that the Assertive Community Treatment Team should participate as well even though that had not been written into the grant plan originally.

4. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:

The Family Psychoeducation Workgroup held its first meeting on October 30, 2006. At the first meeting we had two consumers and one family member participate as well as the members already identified in our work plan. It was noted that we needed to recruit more consumers for the group. At this meeting it was decided that we should include the Assertive Community Treatment Team in this initiative even though they had not been included in the block grant funding request. It was decided that the group would meet on a monthly basis.

The group met again on November 27, 2007. A secondary consumer had been invited to join the group but has not yet responded to messages. Copies of the SAMHSA FPE toolkits were distributed. The first section of the SAMHSA DVD was viewed by all. SCCMHA staff attended the State Work Group meeting and reported back to the group. The group was advised to save the dates of January 17th through 19th for staff training with Dr. McFarlane.

A draft Family Psychoeducation policy was written during the first quarter and sent out for review.

A significant step occurred during this second quarter; 16 case management team staff members from five different case management teams (including ACT) received McFarlane training January 17th – 19th. Those trained are very enthusiastic about this practice model and gained insights about the implementation during the training. Several key champions have reported this information back to the FPE work group, and each team have developed their own plan for initiation of family/consumer groups based on the FPE practice model. During this next quarter, these teams are preparing and identifying group participants, so that FPE groups will begin before the end of FY 07.

5. Briefly describe the PIHP action related to data collection, fidelity, and process monitoring activities to accomplish the project goal:

When the group met on November 27, 2007, copies of the SAMHSA FPE toolkits were distributed. This included the fidelity scale. A draft Family Psychoeducation policy was written during this quarter and sent out for review. This also included the fidelity scale.

Heidi Wale participates on the workgroup and she will be responsible for providing direction regarding data collection. Once, groups are up and running, it is our intent to complete quarterly fidelity reviews as we currently do for our other evidence-based practices (ACT and Supported Employment).

It continues to be of concern to SCCMHA to move forward with implementation of evidence-based practices without an outcome tool. We are currently using the LOCUS and that does not meet our needs but we had held off our selection of a tool due to the

fact that the State was going to require a specific tool. We feel strongly that the State should finalize the mandate of an adult outcome tool so that across the State we would all be using the same outcome tool to measure these practices but if a decision does not occur soon, we will need to choose a local tool so that we can begin to measure our effectiveness.

6. **Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)**

   The target population will be adults with mental illness. We did not serve any specific consumers during this first quarter as we are still in the implementation phases.

7. **What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate progress?**

   The fact that the State still has not moved forward with identifying an adult outcome tool is a barrier to moving ahead with evidence-based practices. We need to have an outcome tool and do not want to spend money on a tool, train staff and then have the State mandate a different tool and start all over again. At this point, without direction from the State we will soon have to choose a tool and hope that when the State makes a decision, they choose the same tool. It would be helpful if the State would move ahead with the final selection of an adult outcome tool as promised.

   The timeliness of information on the January 17th to 19th training in Romulus could also have been a barrier. As a new grant recipient, we have struggled to get on distribution lists regarding these activities. In addition, the actual conference information did not come out until the end of December leaving very little time to coordinate the sending of 16 clinicians from five different teams. As far as we know now, however, we are receiving state meeting and training info for FPE, and we have been able to attend several state FPE coordination meetings.

   We did attempt to call into one recent state meeting, however, and were told that the room the meeting was being held in did not accommodate call-in participation.

8. **What internal administrative or clinical barriers have you encountered this quarter, and what efforts have you made to overcome them? What technical assistance have you received in this quarter? Are there areas where you feel that you could use specific technical assistance and/or training in the future?**

   We are pleased with the progress we have made to date. We could have encountered a large barrier as we were also implementing a new software system at this time. Additionally, two of the providers that are participating were going through massive changes. One was expanding its case management team and the other became a brand

new case management provider for us. Both of these changes became effective on October 1, 2007. So the fact that we have been able to continue to meet our goals this second quarter is very promising for our ability to move forward in a timely manner. Staff and workgroup members express much enthusiasm about this practice, there is a great deal of energy and planning underway at this time.

The only challenge has been to determine how to best logistically offer non-business hour times to meet the group start up needs at various sites. No barriers or technical needs to date have been countered.

9. **Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.**

Sixteen persons attended the three day FPE training in Romulus, four of the 16 persons were team supervisors. A fifth supervisor planned to attend but was unable to do so due to a family death; he and a sixth supervisor, who had planned vacation at that time will need to attend the next offered McFarlane training. Materials from the training were brought back by attendees and disseminated and discussed with other team members as well as the FPE workgroup. Most of the case managers training will be directly involved in starting the FPE groups within their respective case management teams this year.

10. **Describe the PIHP financial and in-kind support utilized to support this project and the status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?**

All allocated resources will be needed. In fact, we sent more staff to training then had initially been intended. At the first meeting of the Family Psychoeducation group, it was determined that ACT should also participate in this project. Therefore, we sent two of their clinicians and their supervisor to the three day training. That was not included in the original plan. An amendment may be needed at a later date to change line items around.

11. **Describe the activities planned to address the project's goals and objectives for the next quarter.**

Teams will continue their implementation plans for group start ups later this year, including consumer and family member participant identification and scheduling of dates and times for meetings. SCCMHA will monitor the next offered training sessions to ensure that the two remaining supervisor, as well as any other appropriate staff or provider case managers receive the training. SCCMHA still needs to finalize the FPE policy. We hope to add another consumer or family member to the workgroup soon. We also hope that in the coming quarter the MDCH selection of an adult outcome tool will occur.

Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report

Report Period: January 1, 2007 through March 31, 2007

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

MDCH Specialist: Karen Cashen

Chief Operating Officer: Brad Casemore

Address: 100 Country Pine Lane, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: 20717 Contract #: 20071289 Federal ID: 38-3318175

A. Summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team. Describe the activities and actions taken by the IPLT to improve overall system of care.

During this quarter, a reorganization of several committees/workgroups has occurred, with the Co-Occurring Leadership team (CCISC/IDDT committee) and all EBPs being integrated into the Improving Practices Leadership Team. The team meetings are now being held once monthly rather than once every other month. We have also strengthened our membership of consumers. The IPL Team has been steadily growing in capacity to move system transformation efforts forward with the implementation of several evidence-based practices as well as coordinating the efforts across the region to ensure consistency in benefits and services.

One of the most substantial Systems Transformation efforts on the part of the IPL Team during this quarter has been toward co-occurring capability and the beginning phases of IDDT implementation. All of the affiliates received consultation with Dr. Cline and pre-readiness consultation with Patrick Boyle's group. We learned a great deal during these consultations and the committee as well as the affiliates are now building capacity to implement the recommendations. Two of our affiliates are licensed substance abuse providers while the remaining three are working on their applications to submit for substance abuse licensing. We have also developed a plan to provide training through a contracted trainer for staff to receive the continuing education requirements needed to be certified as an addictions counselor. These trainings are beginning in May and will continue throughout the year every other Friday. This will help us to further increase the competency and capacity

for the affiliates to be co-occurring capable. In addition to these larger systems efforts, each affiliate has received reports from their IDDT consultations and is now determining their next steps, with coordination and support from the Improving Practices Leadership Team. The IPL Team is also beginning to develop clinical practice guidelines for co-occurring capable treatment.

The IPL Team has also recently initiated a policy and procedure for developing training capacity within the affiliate for two of the evidence-based practices we are implementing, Cognitive Therapy (CT) and Dialectical Behavior Therapy (DBT). This is being done to ensure sustainability of the evidence based programs. We are recruiting staff who have been trained in each of the EBP's to be PIHP EBP trainers and develop a trainer cadre that can be used to provide training to staff as well as be the champions of the EBP throughout the region.

B. Describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The Improving Practices Leadership Team functions as a forum for sharing information and assisting in the systems change process. Each affiliate is at a little different place with the implementation of the EBPs and we are able to use the experience of those on the IPL Team to look at barriers and problem solve. We are currently looking at the assessment and developing one assessment that all affiliates will be using. We have implemented a substance use screening tool, the UNCOPE, that each affiliate is using in their assessment process and will be adding a substance use assessment piece as well.

With the implementation of FPE, staff continues to be excited about the feedback they are receiving from families who are involved in this program. The incorporation of the family more systematically into treatment has been powerful for the consumers, families and staff. This has been encouraging to the other sites that are beginning their FPE groups.

Also, during the next quarter, the Improving Practices Leadership Team coordinator will be trained in FPE fidelity assessment and will begin to train staff on fidelity and monitor fidelity at the sites.

C. Summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Each affiliate continues to build consensus with both internal and external stakeholders. Affiliates continue to provide regular updates to their boards and meet with stakeholders to discuss progress. We will be meeting on a more formal basis during Q3 with external stakeholders by holding community presentations in each of our counties.

D. Describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase 1- Consensus Building

Awareness: The activities that we had planned in our work plan associated with a specific time frame have been accomplished. The affiliates continue to provide information to key stakeholders and organizations about Family Psychoeducation and other EBPs. The IPL Team Coordinator will be attending community collaborative meetings at each county throughout the summer to further increase awareness of FPE and the other EBPs.

Education: A total of thirteen staff were trained in FPE this Six went through Track 1 training and seven went through Track 3 training. Additionally, staff and supervisors continue to attend the FPE Learning Collaborative to develop their skills and knowledge of the model. We have accomplished all of our training and educational goals. The IPL Team is discussing sending staff that may be eligible to the train the trainer track next time it is offered. This is something that will be discussed at the next IPL Team meeting.

Structural and Clinical Improvement: All activities planned for the first quarter has been accomplished.

Adaptation and Evaluation: The PI Process is currently being developed in the PI committee, with input from the Improving Practices Leadership Team coordinator. Data is being supplied to the University of Michigan for evaluation on an ongoing basis.

Phase II: Enacting

Awareness: All activities planned for the first quarter have been completed.

Structural and Clinical Improvement:

1. This will be completed when the FPE coordinator receives training on the FPE fidelity scales in May.
2. We have identified a need to have staff within the affiliation that can provide training on FPE. The IPL Team will be working to develop a plan for identifying staff that may be trained as a trainer when the next training is offered.
3. The IPL team is actively engaged in planning for additional EBPs and is in the process of reviewing the IDDT pre-readiness consultation reports to determine next steps in implementing IDDT. We are further developing training capacity across the affiliation for CT and DBT to further implement and sustain these EBPs.
4. The IPL Team will be discussing the planning for next year during the third quarter 2007. The team has begun looking at encounter reporting and has identified some barriers to the use of these codes. The barriers seem to have been overcome and affiliates are now using the codes appropriately.

Phase III: Sustaining

Awareness

1. There were no activities planned for this quarter.

Education

1. This is an ongoing process with affiliates providing information to key stakeholders throughout the year. The IPL Team coordinator is planning to attend local community collaboratives with an affiliate representative over the summer to provide information about FPE along with the other EBPs that we are implementing.

Structural and Clinical Improvements

1. The IPL team and the affiliates, are working to develop capacity at each affiliate to implement two groups. One affiliate has accomplished this, one affiliate has one group started and is working to develop the second group, one affiliate had one group started, but due to attrition, is working to add additional members to the group while also adding a second group and two affiliates have not yet begun their first group. Each of these affiliates have had staff turnover which has prevented them from implementing groups.
2. The IPL team is working on a plan to implement the OQ to measure outcomes.

E. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Barry County has two FPE groups, Summit Pointe has one group that they are adding in new members due to attrition and will be starting a second group before fall, and Pines started their first group with plans to add a second group this fiscal year. Both Riverwood and Van Buren have had difficulties implementing FPE due to staff turnover. Van Buren had additional staff trained and are working toward identifying consumers to start in a group. During this quarter, 24 unduplicated consumers and 34 unduplicated support persons have been served.

Client #	Age	Gender	Race	Diagnostic Code	Diagnosis	New to FPE*? (Y/N)
1	42	Female	Caucasian	295.6	Schizophrenia, residual type	Y
2	46	Female	Caucasian	296.9, 301.22	Mood disorder, Schizotypal Personality Disorder	Y
3	43	Male	Caucasian	295.3	Schizophrenia, paranoid type	Y
4	69	Female	Caucasian	295.3	Schizophrenia, paranoid type	Y
5	40	Male	Caucasian	295.7, 295.3	Schizoaffective Disorder, schizophrenia, paranoid type	Y
6	37	Female	Caucasian	295.3	Schizophrenia, paranoid type	Y
7	30	Male	Caucasian	295.7	Schizoaffective Disorder	Y
8	40	Male	Caucasian	296.44	Bipolar Disorder, most recent severe manic with psychotic features	Y

9	39	Male	Caucasian	295.7	Schizoaffective Disorder	N
10	58	Male	Caucasian	295.3, 300	Schizophrenia Par, Anxiety DO	N
11	31	Male	Caucasian	295.3, 296.22	Schizophrenia Par, MDD	N
12	59	Female	Caucasian	298.9, 294.8, 296.32, 303.9	Psychotic Dis NOS, Dementia NOS, Major Depression, Recurrent, Moderate, Alcohol Dependence	N
13	33	Female	Caucasian	295.1	Schizophrenia, disorganized type	N
14	28	Male	Caucasian	295.3	Schizophrenia, Paranoid Type	Y
15	50	Male	Caucasian	295.3	Schizophrenia, Paranoid Type	Y
	30	Female	Caucasian	296.04	Bipolar I Disorder, Single Manic Features	N
16	22	Male	Caucasian	295.3	Schizophrenia, Paranoid Type	N
17	(18-25)	Male	Caucasian	298.9	Psychotic Dis NOS	N
18	(18-25)	Male	Caucasian	295.3	Schizophrenia	N
19	(26-35)	Male	Caucasian	295.7	Schizoaffective Disorder	N
20	(26-35)	Female	Caucasian	298.9	Psychotic Dis NOS	N
21	(36-45)	Female	Caucasian	295.7	Schizoaffective Disorder	N
22	(46-55)	Female	Caucasian	295.3	Schizophrenia	N
23	(46-55)	Male	Caucasian	295.7	Schizoaffective Disorder	N
24	(46-55)	Female	Caucasian	295.7	Schizoaffective Disorder	N

F. What administrative barriers from the state have emerged as issues during the last quarter? What efforts have been made to overcome those barriers? What would be helpful at this point from the state to address those barriers? What else would be helpful for the state to provide or do to facilitate your progress?

There was some confusion re: who is able to use the FPE CPT codes as people throughout the state were questioning of Bachelor's level staff are able to use the FPE CPT codes. This was clarified at an FPE Subcommittee meeting and we are using the codes as indicated.

G. Describe staff training obtained during this quarter. Explain how the training was utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

13 staff attended the FPE training in January, 2007. The names and the tracks they attended are listed below. The training was utilized to provide new staff with an opportunity to be trained in order for them to run FPE groups at their affiliate as well as provide advanced training for those staff that had been doing FPE to enhance their skill set.

ATTENDEE	TRACK I	TRACK II	TRACK III
Brandy Maynard (Venture- Coordinator)		X	
Lisa Baptiste (Barry- FPE facilitator)	X		
Holly Hess (Barry- FPE facilitator)		X	
Denise Walsh (Barry- FPE facilitator)		X	
Emily Whisner (Barry- Clinical Director)		X	
Vicky Petty (Pines- Director)	X		
Kim Hollman (Pines- new FPE facilitator)	X		
Chase Francl (Pines- new FPE facilitator)	X		
Sherry Reed (Riverwood- FPE facilitator)		X	
Patrick Koslowski (Van Buren- Supervisor)	X		
Nancy Custer (Van Buren- new FPE facilitator)	X		
Adam Simms (Summit Pointe- FPE facilitator)		X	
Darrell Wright (Summit Pointe- FPE facilitator)		X	

Eight staff and one consumer attended the FPE learning collaborative held on March 6, 2007. The training was utilized for new and seasoned staff to increase their knowledge and skills by learning from other affiliate staff implementing FPE and getting their questions answered. Attendees:

Laura Howell- Pines FPE facilitator
Chase Francl- Pines FPE facilitator
Vicky Petty- Pines Director
Denise Walsh- Barry County FPE facilitator
Cheryl Bolton- Barry County Peer Support Specialist
Lisa Baptiste- Barry County FPE facilitator
April Bluhm- Barry County FPE facilitator
Brian Brook- Van Buren County Supervisor
Nancy Custer- Van Buren County Supervisor
Brandy Maynard- Venture Coordinator

H. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services and using Medicaid dollars for Medicaid eligible consumers for service provision. The PIHP will continue to monitor FPE at all affiliates through the current Improving Practices Leadership Team and Performance Improvement.

I. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. Implement FPE groups at affiliates who have not yet implemented a group.
2. Hold stakeholder/community meetings.
3. Implement PI process within PIHP for ongoing program evaluation and monitoring.
4. Continue to plan local implementation of additional EBPs (such as Integrated Treatment of Individuals with Co-Occurring Disorders (IDDT), CBT, etc.).
5. Create a local level evaluative capacity to monitor performance against outcomes.

washtenaw community
health organization

555 Towner Blvd
P.O. Box 915.
Ypsilanti, Michigan 48197-0915
(734) 544-3000
FAX (734) 544-6732
Hearing Impaired (734) 971-5688
Kathleen M. Reynolds, Executive Director
David Neal, Associate Director
Board Members
Linda King , Chair
Don Anderson
Leila Bauer
Barbara Bergman
Gene Brown
Barbara Chesney
Saul Cooper
Michael F. Dabbs
Diane Davidson
Pat Hickmott
Jerry Walden

FINANCE DEPARTMENT

TO: John Jokisch, Adult Block Grant Liaison
Michigan Department of Community Health
Service Innovation and Consultation
5th Floor Lewis Cass Building
320 S. Walnut Street
Lansing, MI 48909

FROM: Sallie D. Anderson
WCHO Administrative Grants Coordinator

THROUGH: Laura Shue
WCHO Finance Supervisor

DATE: April 19, 2007

RE: **Family Psychoeducation**
***2nd* Quarter Narrative & FSR copy**
January 01, 2007 thru March 31, 2007
Project 20718 Contract #20071283
CFDA# 93.958

Enclosed is the original copy of the Narrative Report for the Second Quarter, January 01, 2007 through March 31, 2007 for the above cited grant. As you will notice, our FSR indicates a small amount of expenditures for this quarter. However, as the Narrative indicates, staff attended a FPE training conference in January but we have not been billed for this conference to date, so it is not reflected in current expenses. We have also held off making many additional purchases until we resolve the budget amendment.

I have included a copy of the FSR for your records.

If you have any questions or concerns, please call me at 734-544-6714.

Thank you.

Program Narrative Quarterly Report

Reporting Period: January - March 2007
PIHP: Community Mental Health Partnership of Southeastern Michigan
Program Title: Multiple Family Group Psychoeducation Implementation Initiative
Executive Director: Kathy Reynolds
Address:

WCHO Towner II
555 Towner Rd
Ypsilanti, MI 48197

Contact Person: Sallie Anderson
Phone: 734.544.3000 **Fax:** 734.544.6732 **Email:** andersons@ewashtenaw.org
PCA #: 20718 **Contract:** 20071283 **Federal ID:** 38-3562266

A. **Briefly summarize the systems transformation efforts and implementation activities of the IPLT.**
The IPLT continues to meet monthly to coordinate EBP implementation, clinical program monitoring, and clinical policy and procedure. Each county has at least one MFG in place. The IPLT helped coordinate sending staff to the January FPE training conference.

B. **Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.**
Staff running the groups have been meeting with their FPE supervisor to review tapes and receive feedback.. The sites continue to work to integrate the model into the existing case management workflow and agency services array. The system change occurring at this level includes teams are being asked to replace some of what they have typically done with this new model (e.g. conducting some case management during group instead of during individual meetings with the consumer). Another aspect of system change that is an ongoing discussion is the use of the FPE group to address person centered planning goals.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.
Little work with other agencies or systems occurred this quarter. As previously mentioned, time was spent implementing the model. The National Alliance on Mental Illness of Livingston and Washtenaw continue to assist and take part in the delivery of this service.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.
The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.
   Completed
2. Build Consensus in each community/county through educating stakeholders
   Completed
3. Identify barriers and plans to overcome barriers
   On-going
4. Train staff in the theory and practice of the model
   On-going
5. Implement a fidelity and outcome monitoring system in the region
   Completed
6. Implement at least one group in each county during 2006
   Completed

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Training & Roles
The affiliation sent seven staff to the Track I, sixteen staff to the Track II, and two to the Track III training in January.
Five staff to the March FPE Learning Collaborative.

Technical Assistance
Supervision meetings continue to occur with all staff implementing PFE. This quarter approximately twenty staff took part in supervision. The DCH EBP list serve continues to be accessed by staff for education and information.

Program Development & Practice Improvement
All groups are now providing data to Mary Ruffolo for the evaluation of the model. The teams continue to analyze the breakthroughs and barriers next quarter. These findings will be used to analyze the elements and steps needed to implement the next groups. The approach is based on a total quality management approach which includes defining, measuring, analyzing and controlling/standardizing the process of FPE Implementation. This process will also afford the staff a clear understanding of the resources needed to implement the next group. These resource needs will be brought to administration for

review and approval or negotiation. This process is proving to take longer than first thought. This will be discussed further in section F.

F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.
This quarter implementation of additional groups in the counties where the model is just beginning to be implemented (i.e. Lenawee, Livingston and Monroe) has been slowed by two factors. First the evaluation of the pilot groups and how the lessons learned from the implementation can be translated into sustainable changes to the current agency work flows is taking longer than anticipated. This process has been complicated by the second factor, staffing cuts. Our affiliation has been forced to cut back on positions resulting in reduced efficiencies. For example, Livingston County has had several FPE trained staff leave the agency. Not all of the positions are likely to be replaced significantly straining the current staff. The evaluation of the pilot groups is being complicated by the stress created by funding cuts to the system and/or looming funding cuts. However, this does not mean progress can not or is not being made. We are moving forward with implementing additional groups it is just a bit more complicated and therefore takes more time than originally planned. We plan to have the second wave of groups starting in late July.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.
Data collection, supervised by Dr. Ruffolo and her staff, continues at each site.

H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)
There has been no change in this area with fourteen FPE groups being conducted in the CMHPSM. Total consumers served this quarter are approximately seventy-five. The largest population is people with thought disorders.

I. Describe the PHIP financial and in-kind support utilized to support this project and status of sustainable planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?
Last quarter it was reported we have had difficulties getting the affiliates to turn in mileage, etc. This has improved and is predicted to continue to improve. The reason for the improvement is due to a concerted effort to standardize the affiliation grant procedures. A manual is underdevelopment that will be rolled out this summer to all affiliates. In the manual there will be clearly stated policy and procedure about how to administer the grants in coordination with the PIHP.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

Next quarter we will be focusing on:

- Continued training of staff on the importance of linking the PCP to the group problem being solved.
- Staff from across the affiliation will attend the May FPE Learning Collaborative.
- Further recognition for all affiliation staff the accomplishments of PFE implementers
- Finalization of pilot site work flow evaluations and formalization of the work plan for the implementation of the next group in each affiliate.